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| Fill in this information to identify your case: | | |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: | dentify Yourself | | |
|-----|----------------------------|--|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your | full name | | |
| | your g picture examp | the name that is on government-issued e identification (for ple, your driver's e or passport). | Scott First name Michael Middle name | First name Middle name |
| | identif | your picture fication to your ng with the trustee. | Sands Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | | her names you have in the last 8 years | | |
| | | le your married or en names. | | |
| 3. | your S numb Indivi | the last 4 digits of Social Security per or federal dual Taxpayer ification number | xxx-xx-2644 | |

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Case number (if known)

Debtor 1 Scott Michael Sands

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 635 West Grace St., Apt. 708 Chicago, IL 60613 | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Cook County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Case number (if known) Debtor 1 Scott Michael Sands

| ⊃ar | t 2: Tell the Court About | Your E | Bankruptcy Ca | ase | | | |
|-----|--|------------|---------------------------------|--|--|---|-----------------|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Required by</i> page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Bankrupto e box. | Эy |
| | choosing to file under | ■ c | hapter 7 | | | | |
| | | | hapter 11 | | | | |
| | | | hapter 12 | | | | |
| | | | Chapter 13 | | | | |
| | | | | | | | |
| 3. | How you will pay the fee | | about how yo | ou may pay. Typ attorney is subr | ically, if you are paying the fee yo | with the clerk's office in your local court for more decurself, you may pay with cash, cashier's check, or malf, your attorney may pay with a credit card or check | oney |
| | | | | | tallments. If you choose this optics (Official Form 103A). | n, sign and attach the Application for Individuals to F | ^p ay |
| | | | but is not req applies to yo | uired to, waive y ur family size an | your fee, and may do so only if your fee, and may do so only if you you are unable to pay the fee in | n only if you are filing for Chapter 7. By law, a judge rur income is less than 150% of the official poverty lin installments). If you choose this option, you must fill ial Form 103B) and file it with your petition. | e that |
| | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ N | | | | | |
| | last 8 years? | □ Y | | | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | Casa awahan | |
| | | | District | | When | Case number | |
| | | | District District | | When When | Case number Case number | |
| | | | District | | when | Case Hullibel | |
| 10. | Are any bankruptcy | ■ N | 0 | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Y | es. | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11 | Do you rent your | □ N | - Go to l | ine 12. | | | |
| | residence? | | o. | | nined an eviction judgment agains | t you and do you want to stay in your residence? | |
| | | ■ Y | | | , 0 | t you and do you want to stay in your residence! | |
| | | | | No. Go to line | | | |
| | | | | Yes. Fill out Indibankruptcy pet | | ludgment Against You (Form 101A) and file it with thi | is |

Document Page 4 of 51 Case number (if known) Debtor 1 Scott Michael Sands Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation. partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard?

identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Scott Michael Sands

Scott Michael Sanus

Case number (if known)

Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 51 Case number (if known) Debtor 1 Scott Michael Sands Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under □ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion ■ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion ■ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Scott Michael Sands Signature of Debtor 2 Scott Michael Sands Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on

December 5, 2016 MM / DD / YYYY

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Debtor 1 Scott Michael Sands Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| Date | December 5, 2016 MM / DD / YYYY |
|--------------|------------------------------------|
| | |
| | |
| | |
| | |
| nail address | CDMATSAS@MATSASLAW.COM |
| | Date nail address |

| | | Docum | eni Paue o 015. | <u> </u> | |
|---------------------|--------------------------|-------------------|-----------------|----------|-----------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Scott Michael San | ds | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Vour or | anata. |
|--|--|--|
| | | f what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 1,390.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 1,390.00 |
| t 2: Summarize Your Liabilities | | |
| | | abilities tyou owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 45,375.81 |
| Your total liabilities | \$ | 45,375.81 |
| t 3: Summarize Your Income and Expenses | | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,462.00 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,420.00 |
| t 4: Answer These Questions for Administrative and Statistical Records | | |
| Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | nedules. |
| ■ Yes What kind of debt do you have? | | |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 Ú.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known) Debtor 1 Scott Michael Sands

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

4,250.00 \$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

Case 16-38284 Doc 1 Filed 12/05/16 Entered 12/05/16 11:06:42 Desc Main Page 10 of 51 Document Fill in this information to identify your case and this filing: Debtor 1 Scott Michael Sands Middle Name Last Name First Name Debtor 2 Middle Name First Name Last Name (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ■ No □ Yes 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe.....

Electronics
 Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

\$500.00

Household goods and furniture

Case 16-38284 Doc 1 Filed 12/05/16 Entered 12/05/16 11:06:42 Desc Main Document Page 11 of 51 Case number (if known) Debtor 1 Scott Michael Sands 1 HP Laptop (10 years old) \$10.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment □ No ■ Yes. Describe..... 1-12 Gauge shotgun \$400.00 1-MEP Shield Hand Gun Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... wearing apparel \$200.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,110.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

16. Cash

Yes.....

Cash \$50.00

claims or exemptions.

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Case number (if known) Debtor 1 Scott Michael Sands 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... Byline Bank \$230.00 Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them...

Schedule A/B: Property

| Debtor 1 | Case 16-38284 Scott Michael Sands | Doc 1 | Filed 12/05/16 Document | Entered 12/05/16 11:06:42 Page 13 of 51 Case number (if known) | Desc Main |
|----------------------|---|--------------------------------|---|--|--|
| | | | | | portion you own? Do not deduct secured claims or exemptions. |
| ■ No | funds owed to you Give specific information at | pout them, inc | cluding whether you alre | ady filed the returns and the tax years | |
| ■ No | | | usal support, child supp | ort, maintenance, divorce settlement, property | settlement |
| Examp ■ No | amounts someone owes y ples: Unpaid wages, disabili benefits; unpaid loans Give specific information | ty insurance | | efits, sick pay, vacation pay, workers' compe | nsation, Social Security |
| | sts in insurance policies ples: Health, disability, or life | e insurance; I | nealth savings account (| HSA); credit, homeowner's, or renter's insurar | nce |
| ■ Yes. | Name the insurance compa Com | any of each p pany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| | Tern | n life insura | nce | debtor's daughter | \$0.00 |
| If you somed | terest in property that is defined are the beneficiary of a living one has died. Give specific information | | | ed surance policy, or are currently entitled to rec | eive property because |
| <i>Examp</i> ■ No | s against third parties, who ples: Accidents, employmen Describe each claim | ether or not t disputes, in | you have filed a lawsu surance claims, or rights | it or made a demand for payment s to sue | |
| ■ No | contingent and unliquidat Describe each claim | ed claims of | every nature, includin | g counterclaims of the debtor and rights to | o set off claims |
| ■ No | nancial assets you did not Give specific information | already list | | | |
| 36. Add 1 | the dollar value of all of yo | our entries fr | om Part 4, including a | ny entries for pages you have attached | #00c cc |

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

for Part 4. Write that number here.....

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

Official Form 106A/B Schedule A/B: Property page 4

\$280.00

Case 16-38284 Doc 1 Filed 12/05/16 Entered 12/05/16 11:06:42 Desc Main Page 14 of 51 Document Case number (if known) Debtor 1 Scott Michael Sands Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$1,110.00 Part 4: Total financial assets, line 36 \$280.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61.

\$1,390.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$1,390.00

\$1,390.00

| | | Dodding | 1 440 10 01 01 | |
|---------------------|--------------------------|-------------------|----------------|--|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Scott Michael San | ds | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exemption |
|--|--------------------------------------|--|
| | Copy the value from Schedule A/B | Check only one box for each exemption. |
| Household goods and furniture Line from Schedule A/B: 6.1 | \$500.00 | \$500.00 735 ILCS 5/12-1001(b) |
| 2.110 110.111 GG/1644.16 / V.Z. GT 1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| 1 HP Laptop (10 years old) Line from Schedule A/B: 7.1 | \$10.00 | \$10.00 735 ILCS 5/12-1001(b) |
| Line from Genedate A.E. 1.1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| 1-12 Gauge shotgun 1-MFP Shield Hand Gun | \$400.00 | \$400.00 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 10.1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| wearing apparel Line from Schedule A/B: 11.1 | \$200.00 | \$200.00 735 ILCS 5/12-1001(a) |
| Line IIom Schedule A.B. 11.1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Cash Line from Schedule A/B: 16.1 | \$50.00 | \$50.00 735 ILCS 5/12-1001(b) |
| Line nom Schedule A/B. 10.1 | | 100% of fair market value, up to any applicable statutory limit |

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Case number (if known)

| | 00011 1111011401 041140 | | , |
|---|---|--|---|
| | ief description of the property and line on chedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Specific laws that allow exemption Check only one box for each exemption. |
| | hecking: Byline Bank ne from <i>Schedule A/B</i> : 17.1 | \$230.00 | \$230.00 735 ILCS 5/12-1001(b) 100% of fair market value, up to any applicable statutory limit |
| В | erm life insurance eneficiary: debtor's daughter ne from <i>Schedule A/B</i> : 31.1 | \$0.00 | \$0.00 215 ILCS 5/238 100% of fair market value, up to any applicable statutory limit |
| | re you claiming a homestead exemption subject to adjustment on 4/01/19 and every solved No Yes. Did you acquire the property covered No Yes | 3 years after that for ca | |

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------|-----------------------|
| Debtor 1 | Scott Michael San | ds | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is ar |
| | | | | amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Page 18 of 51 Document Fill in this information to identify your case: Debtor 1 Scott Michael Sands Middle Name Last Name First Name Debtor 2 Middle Name Last Name (Spouse if, filing) First Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority amount amount 2.1 Dawn Sands \$0.00 \$0.00 \$0.00 Last 4 digits of account number Priority Creditor's Name 1985 Calla Drive When was the debt incurred? current Joliet, IL 60435 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Domestic support obligations ☐ Check if this claim is for a community debt ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify ☐ Yes child support; creditor being notified for informational purposes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

Total claim

Part 2.

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of

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Debtor 1 Scott Michael Sands Case number (if know) 4.1 American Express Last 4 digits of account number 1006 \$350.00 Nonpriority Creditor's Name POB 0001 When was the debt incurred? Prior to Filing Los Angeles, CA 90096 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.2 ATI Physical Therapy Last 4 digits of account number 5001;6772 \$877.28 Nonpriority Creditor's Name POB 371863 When was the debt incurred? prior to filing Pittsburgh, PA 15250 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Пурс Medical bill Other. Specify 4.3 Avant Credit, Inc Last 4 digits of account number 1653 \$0.00 Nonpriority Creditor's Name 640 N La Salle St When was the debt incurred? Opened 05/16 Last Active 07/16 Suite 535 Chicago, IL 60654 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Unsecured; creditor being notified for Other. Specify informational purposes. ☐ Yes

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Case number (if know)

| Debtor | 1 Scott Michael Sands | | Case number (if know) | | | | |
|--------|--|--|---|-------------|--|--|--|
| 4.4 | Bmo Harris - Cc Ts2 Nonpriority Creditor's Name | Last 4 digits of account number | 6248 | \$4,049.00 | | | |
| | Po Box 2008 Milwaukee, WI 53201 | When was the debt incurred? | Opened 4/14/16 Last Active 8/09/16 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit Card | | | | | |
| 4.5 | Broadway Financial Services Nonpriority Creditor's Name | Last 4 digits of account number | 8600 | \$3,954.16 | | | |
| | 3755 North Halsted Ave. Chicago, IL 60613 | When was the debt incurred? | 9-28-2016 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | Contingent | | | | | |
| | Debtor 2 only | Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | | | | | |
| | No | <u></u> | | | | | |
| | | | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Personal Lo | | | | | |
| 4.6 | Byline Bank | Last 4 digits of account number | 0715 | \$19,522.00 | | | |
| | Nonpriority Creditor's Name 3639 N Broadway Chicago, IL 60613 | When was the debt incurred? | Opened 6/30/16 Last Active 8/30/16 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | |
| | No | Debts to pension or profit-sharin | | | | | |
| | Yes | | 5, | | | | |
| | □ 169 | Other. Specify Unsecured | | | | | |

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Debtor 1 Scott Michael Sands Case number (if know) 4.7 Capital One Last 4 digits of account number 2674 \$1.560.00 Nonpriority Creditor's Name Opened 08/12 Last Active Po Box 30285 When was the debt incurred? 10/06/16 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.8 Capital One \$0.00 Last 4 digits of account number 1189 Nonpriority Creditor's Name Opened 12/12 Last Active Po Box 30285 When was the debt incurred? 6/02/16 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Credit Card; creditor being notified for ☐ Yes Other. Specify informational purposes. 4.9 Chase Card Services Last 4 digits of account number \$2,294.00 9203 Nonpriority Creditor's Name Attn: Correspondence Dept Opened 03/16 Last Active Po Box 15298 When was the debt incurred? 9/16/16 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify Credit Card

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| \$711.77 |
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| Debtor | Scott Michael Sands | | Case number (if know) | | | | | |
|----------|---|--|--|------------|--|--|--|--|
| 4.1 | | | | | | | | |
| 3 | Springleaf Financial Services | Last 4 digits of account number | 9329;9329 | \$9,460.00 | | | | |
| | Nonpriority Creditor's Name 3172 N Lincoln Ave Chicago, IL 60657 | When was the debt incurred? | Opened 06/16 Last Active 08/16 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | |
| | | Secured wit B. Debtor b been transfe | | | | | | |
| | Yes | Other. Specify identified in | Schedule F, herein. | | | | | |
| 4.1 4 | Synchrony Bank/HH Gregg | Last 4 digits of account number | 9770 | \$0.00 | | | | |
| | Nonpriority Creditor's Name | | Opened 8/02/15 Last Active | | | | | |
| | Po Box 965064 Orlando, FL 32896 | When was the debt incurred? | 8/30/15 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | _ | _ | | | | | |
| | Debtor 1 only | Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | | |
| | ☐ Check if this claim is for a community debt | Student loans | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | ■ No | · | | | | | | |
| | Yes | Other. Specify information | ount; creditor being notified for all purposes. | | | | | |
| 4.1 | <i>-</i> . | | 0000 | Ф0.00 | | | | |
| 5 | Target Nonpriority Creditor's Name | Last 4 digits of account number | 8928 | \$0.00 | | | | |
| | C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440 | When was the debt incurred? | Opened 11/13/03 Last Active 4/03/07 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | | ☐ Unliquidated | | | | | | |
| | Debtor 2 only | | | | | | | |
| | Debtor 1 and Debtor 2 only | LI Disputed Type of NONPRIORITY unsecure | Disputed Type of NONPRIORITY unsecured claim: | | | | | |
| | At least one of the debtors and another | Student loans | | | | | | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | and the state of t | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card: notified for information purposes | | | | | | |
| | ☐ Yes | | | | | | | |

Debtor 1 Scott Michael Sands

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Case number (if know)

| Wffnb Retail Srvs/Mattress Firm | Last 4 digits of account number | 8522 | \$0 |
|---|-------------------------------------|--|-----|
| Nonpriority Creditor's Name | _ | | |
| Wffnb Card Services | | Opened 8/28/15 Last Active | |
| Po Box 51193 | When was the debt incurred? | 7/01/16 | |
| Las Vegas, NV 89193 | _ | | |
| Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | - | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| _ | Charge Acc | ount; creditor being notified for | |
| ☐ Yes | Other. Specify informational | al purposes. | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

| Total | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
|-----------------------|-----|---|-----|----------|-------------|
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ —— | 0.00 |
| | | | | <u> </u> | |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 45,375.81 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 45,375.81 |
| | | | | | |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|-------------------|-------------|--|
| Debtor 1 | Scott Michael San | ds | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| I | Person or | company with | h whom you have the cer, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | ramo | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | Oldic | ZII OOGC | |
| 2.3 | | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | Number | Olieet | | | |
| | City | | State | ZIP Code | _ |
| 0.4 | City | | State | ZIP Code | |
| 2.4 | | | | | _ |
| | Name | | | | |
| | | | | | |
| | | <u> </u> | | | _ |
| | Number | Street | | | |
| | | | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | - |
| | | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | |
| | | · · | | | |

| | | Docume | ent Pade 26 (| 01.51 | |
|----------------|--|--|---------------------------|---|---|
| Fill in this | s information to identify your | case: | | | |
| Debtor 1 | Scott Michael San | de | | | |
| DODIO! 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fi | ling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | | | | | |
| Case nun | nber | | | | ☐ Check if this is an |
| (ii Kilowii) | | | | | ☐ Check if this is an amended filing |
| | | | | | amonada ming |
| Officia | al Form 106H | | | | |
| | dule H: Your Cod | ahtars | | | 12/15 |
| JCHE | dule II. Tour Cou | CDIOIS | | | 12/13 |
| fill it out, a | e filing together, both are equ and number the entries in the e and case number (if known) | boxes on the left. Attach . Answer every question | n the Additional Page t | to this page. On the top of a | |
| 1. Do | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No | | | | | |
| Arizo | thin the last 8 years, have you na, California, Idaho, Louisiana b. Go to line 3. es. Did your spouse, former spo | Nevada, New Mexico, Pu | erto Rico, Texas, Wash | | es and territories include |
| in lin Form | | f that person is a guaran | tor or cosigner. Make | sure you have listed the cre | n you. List the person shown editor on Schedule D (Official dule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | P Code | | Column 2: The creditor Check all schedules tha | to whom you owe the debt t apply: |
| 2 1 | | | | □ Schodulo D. line | |
| 3.1 | Name | | | _ ☐ Schedule D, line _ ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line _ | |
| | | | | | |
| | Number Street City | State | ZIP Code | | |
| | Oity | Otate | Zii Oode | | |
| | | | | Поделен | |
| 3.2 | Name | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line☐ Schedule G, line☐ | |
| | | | | Scriedule G, line | |
| | Number Street | State | 7IP Code | | |

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| Fill | in this information t | o identify your ca | ase: | | | | | | | | |
|---------------------|--|----------------------------------|--|---|---------------------------|------------------|---------------------|------------------------|---------------------------|----------------------------------|-----------------|
| Del | otor 1 | Scott Michae | l Sands | | | _ | | | | | |
| | otor 2 ouse, if filing) | | | | | _ | | | | | |
| Uni | ted States Bankrup | tcy Court for the | NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | | |
| (If kr | se number | | | | | | □ A | | d filing ent showing | g postpetition ollowing date: | chapter |
| | fficial Form | | | | | | N | IM / DD/ Y | YYY | | |
| | chedule I: | | | | | | | | | | 12/15 |
| sup spo | plying correct infouse. If you are sepended a separate sheet the separate sheet sheet the separate sheet shee | ormation. If you parated and you | ible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition | ng jointly, and you th you, do not inc | r spouse i lude infori | is livi matio | ng with on about | you, inclu your spo | ude inforn ouse. If mo | nation about ore space is i | your needed, |
| 1. | Fill in your empl information. | oyment | | Debtor 1 | | | | Debtor 2 | or non-fil | ling spouse | |
| | If you have more | | Employment status | ■ Employed | ■ Employed | | | ☐ Emplo | oyed | | |
| | attach a separate information about | | _mproyment etatae | ☐ Not employed | | | | ☐ Not employed | | | |
| | employers. | | Occupation | Area Manager | | | | | | | |
| | Include part-time, self-employed wo | | Employer's name | Prairie Manage | ement | | | | | | |
| | Occupation may i or homemaker, if | | Employer's address | 333 North Mich Ste. 1700 Chicago, IL 60 | J | | | | | | |
| | | | How long employed the | here? <u>1.5</u> | | | | _ | | | |
| Par | t 2: Give De | tails About Mon | thly Income | | | | | | | | |
| Esti spou | mate monthly incouse unless you are | ome as of the da | ate you file this form. If y | you have nothing to | report for | any I | ine, write | \$0 in the | space. Inc | clude your nor | n-filing |
| | u or your non-filing e space, attach a se | | ore than one employer, co | ombine the informat | ion for all e | emplo | yers for | that perso | n on the lir | nes below. If y | ou need |
| | | | | | | | For Del | otor 1 | | otor 2 or ng spouse | |
| 2. | | | ry, and commissions (becalculate what the month) | | 2. | \$ | 4 | ,250.00 | \$ | N/A | |
| 3. | Estimate and lis | t monthly overti | me pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross | Income. Add lin | e 2 + line 3. | | 4. | \$ | 4,2 | 50.00 | \$ | N/A | |

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| Deb | tor 1 | Scott Michael Sands | _ | (| Case | number (if known) | | | | |
|-----|---------------|--|------|-----|-----------|-------------------|--------|-----------|---------------------|--|
| | | | | | Fo | r Debtor 1 | | or Debtor | | |
| | Сор | y line 4 here | 4. | | \$_ | 4,250.00 | \$ | iiiiiig c | N/A | <u> </u> |
| 5. | List | all payroll deductions: | | | | | | | | |
| • | 5a. | Tax, Medicare, and Social Security deductions | 5a | a | \$ | 1,788.00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5t | | \$ - | 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$ - | 0.00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 50 | | \$ | 0.00 | \$ | | N/A | _ |
| | 5e. | Insurance | 56 | | \$- | 0.00 | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f | | \$ | 0.00 | \$ | | N/A | _ |
| | 5g. | Union dues | 50 | | \$ | 0.00 | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | |).+ | \$ | | + \$ - | | N/A | _ |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | | , – \$ | 1,788.00 | \$ | | N/A | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ - | 2,462.00 | \$ | | N/A | _ |
| | | | ٠. | | Ψ_ | 2,402.00 | Ψ_ | | IN/A | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 88 | | \$_ | 0.00 | \$_ | | N/A | _ |
| | 8b. | Interest and dividends | 8b |). | \$_ | 0.00 | \$_ | | N/A | <u>. </u> |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | | \$_ | 0.00 | \$ | | N/A | _ |
| | 8d. | Unemployment compensation | 80 | | \$_ | 0.00 | \$_ | | N/A | _ |
| | 8e. | Social Security | 86 | €. | \$_ | 0.00 | \$_ | | N/A | <u>. </u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f | | \$_ | 0.00 | \$_ | | N/A | _ |
| | 8g. | Pension or retirement income | 80 | | \$_ | 0.00 | \$_ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | 8h | 1.+ | \$_ | 0.00 | + \$_ | | N/A | <u>. </u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | , | \$ | 0.00 | \$_ | | N/ | A |
| 10 | Cald | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 2,462.00 + \$ | | N/A | _ \$ | 2.462.00 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | Σ,402.00 + ψ_ | | IN/A | | 2,402.00 |
| 11. | Stat Inclu | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your friends or relatives. In the contribution of the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule and the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule and the expenses that you have a supplied to th | dep | | | • | - | Schedule | e <i>J</i> . +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certalies | | | | | | e. 12. | \$ | 2,462.00 |
| 13. | Do y | you expect an increase or decrease within the year after you file this form | ? | | | | | | Combi month | ned ly income |
| | | No. Yes Explain: | | | | | | | | |
| | П | TAS EXDISID: 1 | | | | | | | | |

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| Fill | in this informa | tion to identify yo | our case: | | | | | | | |
|-------------|---------------------------------|---|----------------------|--|---|------------------|-------|-------------------|-------------------------------|-------|
| Deb | otor 1 | Scott Michae | l Sands | | | Cł | neck | if this is: | | |
| | | | | | | | Ai | n amended filing | | |
| | otor 2 | | | | | | | | ving postpetition cha | pter |
| (Spo | ouse, if filing) | | | | | | 13 | s expenses as of | the following date: | |
| Unit | ed States Bankr | ruptcy Court for the | : NORTH | ERN DISTRICT OF ILLIN | OIS | | М | M / DD / YYYY | | |
| | e number nown) | | | | | | | | | |
| O1 | fficial Fo | rm 106J | | | | | | | | |
| | | J: Your | Evnor | 1606 | | | | | | 40/4E |
| | | | | | o filing together be | 46 000 0 | | v reeneneible fe | | 12/15 |
| info nur | ormation. If m mber (if know | ore space is ne n). Answer eve | eded, attary questio | . If two married people and the short is the | | | | | | |
| Par 1. | t 1: Descr Is this a joir | ibe Your House | ehold | | | | | | | |
| ١. | | | | | | | | | | |
| | ■ No. Go to | | in a conom | ata hawaahald? | | | | | | |
| | | | ın a separ | ate household? | | | | | | |
| | □ N □ Y | _ | st file Offic | al Form 106J-2, <i>Expenses</i> | s for Separate House | hold of D | ebtor | 2. | | |
| 2. | Do you have | e dependents? | □No | | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | | ■ No | |
| | dependents | names. | | | Daughter | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| 2 | Do your ove | oncos includo | _ | | | | | | ☐ Yes | |
| 3. | expenses o | enses include f people other t d your depende | :han 👝 | No Yes | | | | | | |
| Est | imate your ex | | our bankr | uptcy filing date unless y | | | | | | |
| | penses as of a plicable date. | a date after the | bankrupto | y is filed. If this is a supp | olemental Schedule | <i>J</i> , check | the | box at the top of | f the form and fill ir | n the |
| the | | h assistance an | | government assistance i cluded it on <i>Schedule I:</i> Y | | | | Your expe | enses | |
| (011 | ilciai i Oilli io | ,oi. <i>)</i> | | | | | | | | |
| 4. | | or home owners and any rent for th | | ses for your residence. I or lot. | nclude first mortgage | | \$ | | 1,150.00 | |
| | If not includ | led in line 4: | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | 4b. Prope | rty, homeowner's | s, or renter | 's insurance | | 4b. | | | 0.00 | |
| | • | • | | upkeep expenses | | 4c. | \$ | | 0.00 | |
| | 4d. Home | owner's associa | tion or con | dominium dues | | 4d. | \$ | | 0.00 | |
| 5. | Additional r | nortgage paym | ents for v | our residence, such as ho | me equity loans | 5. | \$ | | 0.00 | |

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| Debto | r 1 Scott Michael Sands | Case num | iber (if known) | |
|-------------|--|----------|------------------|---------------------------------------|
| 6. L | Itilities: | | | |
| | a. Electricity, heat, natural gas | 6a. | \$ | 350.00 |
| | b. Water, sewer, garbage collection | 6b. | · | 0.00 |
| | c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | | 0.00 |
| | d. Other. Specify: Other | 6d. | · - | 215.00 |
| | ood and housekeeping supplies | | · | 200.00 |
| | Childcare and children's education costs | | · | |
| | | 8. 9. | \$ | 200.00 |
| | Clothing, laundry, and dry cleaning | | | 25.00 |
| | Personal care products and services | 10. | : | 100.00 |
| | ledical and dental expenses | 11. | \$ | 100.00 |
| | ransportation. Include gas, maintenance, bus or train fare. | 12. | ¢ | 200.00 |
| | to not include car payments. | 13. | | |
| | intertainment, clubs, recreation, newspapers, magazines, and books | | | 50.00 |
| | charitable contributions and religious donations | 14. | D | 100.00 |
| | nsurance. | | | |
| | o not include insurance deducted from your pay or included in lines 4 or 20. | 150 | ¢ | 0.00 |
| | 5a. Life insurance | 15a. | · | 0.00 |
| | 5b. Health insurance | 15b. | | 0.00 |
| | 5c. Vehicle insurance | 15c. | · | 0.00 |
| | 5d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| | axes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | _ | |
| | pecify: | 16. | \$ | 0.00 |
| | nstallment or lease payments: | | • | |
| | 7a. Car payments for Vehicle 1 | 17a. | | 0.00 |
| | 7b. Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | 7c. Other. Specify: | 17c. | · | 0.00 |
| | 7d. Other. Specify: | 17d. | \$ | 0.00 |
| | our payments of alimony, maintenance, and support that you did not report as | | Φ. | 0.00 |
| | educted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | · | 0.00 |
| | Other payments you make to support others who do not live with you. | | \$ | 480.00 |
| | pecify: Amanda Sands (daughter) | 19. | | |
| | Other real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i> e | | | |
| 2 | 0a. Mortgages on other property | 20a. | | 0.00 |
| 2 | 0b. Real estate taxes | 20b. | \$ | 0.00 |
| 2 | 0c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 2 | 0d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 0e. Homeowner's association or condominium dues | 20e. | | 0.00 |
| | Other: Specify: Food out | | +\$ | 250.00 |
| • | 1 Journal of the second of the | | .Ψ | 230.00 |
| | Calculate your monthly expenses | | | |
| 2 | 2a. Add lines 4 through 21. | | \$ | 3,420.00 |
| 2 | 2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | 2c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,420.00 |
| | | | | 0,720.00 |
| | Calculate your monthly net income. | | | |
| 2 | 3a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,462.00 |
| 2 | 3b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 3,420.00 |
| | | | | , , , , , , , , , , , , , , , , , , , |
| 2 | 3c. Subtract your monthly expenses from your monthly income. | | | 050.00 |
| | The result is your monthly net income. | 23c. | \$ | -958.00 |
| | | | | |
| | o you expect an increase or decrease in your expenses within the year after you | | | |
| | or example, do you expect to finish paying for your car loan within the year or do you expect your | mortgage | payment to incre | ase or decrease because of a |
| | nodification to the terms of your mortgage? | | | |
| | No. | | | |
| Г | Yes. Explain here: | | | |

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| Fill in t | his information to identify your | ouse. | | |
|------------|---|---------------------------|----------------------------------|--|
| Debtor | Cook Michael Cal | | | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse if | | Middle Name | Last Name | |
| United S | States Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case nu | umber | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| Officia | al Form 106Dec | | | |
| Dec | laration About a | an Individual | Debtor's Sched | dules 12 |
| years, o | or both. 18 U.S.C. §§ 152, 1341, Sign Below | 1313, and 3371. | | |
| Die | d you pay or agree to pay some | eone who is NOT an attorr | ney to help you fill out bankrup | otcy forms? |
| | No | | | |
| | Yes. Name of person | | | Attach Bankruptcy Petition Preparer's Notic |
| | | | | |
| | | | | Declaration, and Signature (Official Form 11 |
| | der penalty of perjury, I declare | that I have read the sumn | | |
| tha | t they are true and correct. | that I have read the sumr | nary and schedules filed with | |
| tha | | that I have read the sumr | | this declaration and |
| tha | t they are true and correct. /s/ Scott Michael Sands | that I have read the sumr | nary and schedules filed with | this declaration and |
| tha | /s/ Scott Michael Sands Scott Michael Sands | that I have read the sumr | nary and schedules filed with | this declaration and |

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| E | in this inform | nation to identify you | r case: | | | | | | | | | | |
|------------|---|-------------------------|---|---|--|---|--|--|--|--|--|--|--|
| De | btor 1 | Scott Michael Sa | nds Middle Name | Last Name | | | | | | | | | |
| De | btor 2 | i iist ivaille | Middle Name | Lastivanie | | | | | | | | | |
| (Spo | ouse if, filing) | First Name | Middle Name | Last Name | | | | | | | | | |
| Un | ited States Bar | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | | | | | | | |
| Ca | se number | | | | | | | | | | | | |
| | nown) | | | | _ | Check if this is an amended filing | | | | | | | |
| \sim | :::::: | woo 107 | | | | | | | | | | | |
| | ficial For | | Affaire for Individ | duals Filing for B | ankruntov | 4/4 | | | | | | | |
| | | | Affairs for Individ | | | 4/1 | | | | | | | |
| info | rmation. If m | ore space is needed | ible. If two married people a , attach a separate sheet to | | | | | | | | | | |
| nun | nber (if known | n). Answer every que | stion. | | | | | | | | | | |
| Pa | rt 1: Give D | etails About Your Ma | arital Status and Where You | u Lived Before | | | | | | | | | |
| 1. | What is your | current marital state | us? | | | | | | | | | | |
| | ☐ Married | | | | | | | | | | | | |
| | ■ Not mari | ried | | | | | | | | | | | |
| • | Describe at the de- | | Providence of an disco | | | | | | | | | | |
| 2. | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | | | | | |
| | □ No | | | | | | | | | | | | |
| | Yes. List | t all of the places you | lived in the last 3 years. Do n | ot include where you live now | I. | | | | | | | | |
| | Debtor 1 Pri | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 lived there | | | | | | | |
| | | eridan Road | From-To: 2013 to 9/2015 | ☐ Same as Debtor | 1 | Same as Debtor 1 | | | | | | | |
| | Apt. 201 Chicago, IL | - 60660 | 2013 10 9/2013 | , | | From-To: | | | | | | | |
| | | | | | | | | | | | | | |
| 3. stat | ■ No □ Yes. Ma | es include Arizona, Ca | ver live with a spouse or legalifornia, Idaho, Louisiana, Ne hedule H: Your Codebtors (O | vada, New Mexico, Puerto R | | | | | | | | | |
| 4. | Did you have | any income from o | nployment or from operatir | ng a husiness during this w | ar or the two previous colo | indar vears? | | | | | | | |
| 4. | Fill in the tota | I amount of income yo | ou received from all jobs and a have income that you received | all businesses, including part- | -time activities. | iliual years? | | | | | | | |
| | □ No | | | | | | | | | | | | |
| | Yes. Fill | in the details. | | | | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | | | | |
| | | | | | | | | | | | | | |

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| | | | | | | Debtor 1 | | | | | Debtor 2 | | |
|-----|-------------|---------------------------|-----------------------------|-------------------------------|--|---------------------------|---|--------------------------|--|---------------|--|---------------------------|---|
| | | | of income that apply. | (befo | s income re deductions and sions) | | Sources of ince Check all that a | | Gross income (before deductions and exclusions) | | | | |
| | | | | | t year until kruptcy: | ■ Wage bonuses, | es, commissions, \$48,875.00 s, tips | | |) | ☐ Wages, combonuses, tips | missions, | |
| | | | | | | ☐ Opera | iting a business | | | | ☐ Operating a l | business | |
| | | | dar ye Decen | | 1, 2015) | ■ Wage bonuses, | s, commissions, tips | | \$50,000.00 |) | ☐ Wages, combonuses, tips | missions, | |
| | | | | | | ☐ Opera | iting a business | | | | ☐ Operating a l | business | |
| | | | | | ore that: 1, 2014) | ■ Wage bonuses, | s, commissions, tips | | \$43,523.00 |) | ☐ Wages, combonuses, tips | missions, | |
| | | | | | | ☐ Opera | iting a business | | | | ☐ Operating a l | business | |
| | and winr | other nings. each s | public l If you a | benefi are filir and th | t payments; ng a joint cas ne gross inco | pensions; r e and you | ental income; inte have income that | erest; divid you rece | | ecte it on | ed from lawsuits; ly once under De | royalties; and btor 1. | ecurity, unemployment, d gambling and lottery |
| | | | | | | Debtor 1 | | | | | Debtor 2 | | |
| | | | | | | | of income below. | each (befo | s income from source re deductions and sions) | | Sources of inconstraints Describe below. | | Gross income (before deductions and exclusions) |
| Par | t 3: | List | Certa | in Pay | ments You | Made Bef | ore You Filed for | Bankrup | otcy | | | | |
| 6. | Are □ | eithe i No. | Neith individe During | er De dual p g the 9 | btor 1 nor D rimarily for a 90 days befo | ebtor 2 ha personal, t | family, or househo | umer del old purpos | bts. Consumer de | | | _ | (8) as "incurred by an |
| | | | - | | Go to line 7 | = | | | | | | | |
| | | | □ \ * Sut | | paid that cre not include | editor. Do r payments | not include payme to an attorney for | nts for do | mestic support ob | oligat | tions, such as ch | ild support a | ne total amount you nd alimony. Also, do |
| | | | | • | • | | | | | 011 01 | i and the date of | adjustificiti. | |
| | | Yes. | | | | | e primarily cons I for bankruptcy, d | | bts. ay any creditor a to | otal c | of \$600 or more? | | |
| | | | | No. | Go to line 7 | | | | | | | | |
| | | | | es/es | | ments for c | domestic support of | | of \$600 or more a s, such as child su | | | | creditor. Do not nclude payments to an |
| | Cre | editor' | s Nam | e and | Address | | Dates of paymo | ent | Total amount paid | | Amount you still owe | Was this p | ayment for |

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| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. No Yes. List all payments to an insider. | rtners; relatives of any gen control, or owner of 20% o | eral partners; partner r more of their voting | erships of which yog g securities; and a | ou are a genera iny managing a | al partner; corporation gent, including one fo | | | | | | |
|-----|---|--|--|---|-----------------------------------|---|--|--|--|--|--|--|
| | Yes. List all payments to an insider. Insider's Name and Address | Dates of payment | Total amount | Amount you | Reason for | this payment | | | | | | |
| | | Dates of paymont | paid | still owe | | puj | | | | | | |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | ments or transfer a | any property on a | eccount of a de | ebt that benefited ar | | | | | | |
| | No | | | | | | | | | | | |
| | Yes. List all payments to an insider | | | | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name | | | | | | |
| Pai | rt 4: Identify Legal Actions, Repossession | s and Foreclosures | | | | | | | | | | |
| 9. | Within 1 year before you filed for bankrupt: List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | | | | | | | |
| | Case title | | Status of th | e case | | | | | | | | |
| | Case number | Nature of the case | Court or agency | | | | | | | | | |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. | | | | | | | | | | | |
| | No. Go to line 11. | | | | | | | | | | | |
| | Yes. Fill in the information below. | | | | | | | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property | | | | | | |
| | | Explain what happened | t | | | , ,, , | | | | | | |
| | Byline Bank | Personal loan; credito | r identified in sche | edule F. 9/26 | /16 | \$460.26 | | | | | | |
| | | ☐ Property was reposse☐ Property was foreclos☐ Property was garnishe | sed. | | | | | | | | | |
| | | | | | | | | | | | | |
| | Broadway Financial Services 3755 North Halsted Ave. Chicago, IL 60613 | n Halsted Ave. F | | | | | | | | | | |
| | | ☐ Property was reposse☐ Property was foreclos☐ Property was garnishe | sed. | | | | | | | | | |
| | | ■ Property was attached | d, seized or levied. | | | | | | | | | |
| | _ | | • | | | | | | | | | |

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| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | | | | | | | | | |
|-----|--|--|-----------------------------------|---------------------------|--|--|--|--|--|--|--|
| | Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount | | | | | | | |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes | cy, was any of your property in the possession of an a nother official? | assignee for the ben | efit of creditors, a | | | | | | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | tcy, did you give any gifts with a total value of more t | han \$600 per person | ? | | | | | | | |
| | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and | Describe the gifts | Dates you gave the gifts | Value | | | | | | | |
| | Address: | | | | | | | | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No □ Yes. Fill in the details for each gift or contribution. | | | | | | | | | | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | al Describe what you contributed | Dates you contributed | Value | | | | | | | |
| Par | t 6: List Certain Losses | | | | | | | | | | |
| 15. | Within 1 year before you filed for bankrupt or gambling? | cy or since you filed for bankruptcy, did you lose anyt | thing because of the | t, fire, other disaster, | | | | | | | |
| | No | | | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | | |
| | how the loss occurred | escribe any insurance coverage for the loss aclude the amount that insurance has paid. List pending a surance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | | | | | |
| Par | t 7: List Certain Payments or Transfers | | | | | | | | | | |
| | | | | | | | | | | | |
| 16. | consulted about seeking bankruptcy or pr | cy, did you or anyone else acting on your behalf pay of eparing a bankruptcy petition? parers, or credit counseling agencies for services required | , | rty to anyone you | | | | | | | |
| | □ No | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | | | |
| | C. DEAN MATSAS & ASSOCIATES 5153 N. BROADWAY CHICAGO, IL 60640 CDMATSAS@MATSASLAW.COM | Attorney Fees | 10-14-16 | \$1,165.00 | | | | | | | |

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Case number (if known) Debtor 1 Scott Michael Sands

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. | | | | | | | | | | |
|-----|--|--|---------------------------------|-----------------|---|---|--|--|--|--|--|
| | Person Who Was Paid Address | Description and transferred | value of any prop | perty | Date payment or transfer was made | Amount of payment | | | | | |
| 18. | Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details. | ousiness or financial at ade as security (such as | fairs? s the granting of a s | | - | | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and property transfe | | | any property or s received or debts xchange | Date transfer was made | | | | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details. | | any property to a s | self-settled tr | ust or similar device | of which you are a | | | | | |
| | Name of trust | Description and | value of the prop | erty transfer | red | Date Transfer was made | | | | | |
| Pai | t 8: List of Certain Financial Accounts, In: | struments, Safe Depos | sit Boxes, and Sto | orage Units | | | | | | | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, ohouses, pension funds, cooperatives, assource No | or other financial acco | unts; certificates | of deposit; s | | , | | | | | |
| | ■ Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accou instrument | cl m | ate account was osed, sold, oved, or ansferred | Last balance before closing or transfer | | | | | |
| | BMO Harris Bank | XXXX- | ■ Checking □ Savings | | 0/2016; closed ith negative mount | \$0.00 | | | | | |
| 21. | cash, or other valuables? No | year before you filed fo | or bankruptcy, an | y safe depos | it box or other depos | itory for securities, | | | | | |
| | ☐ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had at Address (Number, State and ZIP Code) | | Describe the | contents | Do you still have it? | | | | | |
| | | | | | | | | | | | |

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Debtor 1 Scott Michael Sands

| 22. | Have you stored property in a storage unit or pla | ace other than your home within 1 | year before you filed for bankruptcy? | ? | | |
|-----|--|---|--|-----------------------|--|--|
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | |
| Par | t 9: Identify Property You Hold or Control for S | Someone Else | | | | |
| 23. | Do you hold or control any property that someon for someone. | ne else owns? Include any proper | ty you borrowed from, are storing for | , or hold in trust | | |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | |
| Par | t 10: Give Details About Environmental Informa | tion | | | | |
| For | the purpose of Part 10, the following definitions a | apply: | | | | |
| | Environmental law means any federal, state, or leaves substances, wastes, or material into the air regulations controlling the cleanup of these substances. | r, land, soil, surface water, ground stances, wastes, or material. | dwater, or other medium, including sta | atutes or | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | |
| | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or si | | s waste, hazardous substance, toxic s | ubstance, | | |
| Rep | ort all notices, releases, and proceedings that yo | u know about, regardless of wher | n they occurred. | | | |
| 24. | Has any governmental unit notified you that you | may be liable or potentially liable | under or in violation of an environme | ental law? | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 26. | ronmental law? Include settlements a | and orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | |
| Par | Give Details About Your Business or Conr | nections to Any Business | | | | |
| 27. | Within 4 years before you filed for bankruptcy, d | id you own a business or have an | y of the following connections to any | business? | | |
| | ☐ A sole proprietor or self-employed in a tr | | • | | | |
| | ☐ A member of a limited liability company (| (LLC) or limited liability partnersh | ip (LLP) | | | |

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| | ☐ A partner in a partnership | | | | | |
|---------------------|---|---|--|--|--|--|
| | ☐ An officer, director, or managing executive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | | | | |
| | ■ No. None of the above applies. Go to F | Part 12. | | | | |
| | ☐ Yes. Check all that apply above and fill | in the details below for each business. | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. | | | |
| | | | Dates business existed | | | |
| 28. | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | cy, did you give a financial statement to an | yone about your business? Include all financial | | | |
| | ■ No | | | | | |
| | Yes. Fill in the details below. | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | |
| Pai | t 12: Sign Below | | | | | |
| are with 18 U | | false statement, concealing property, or ol | leclare under penalty of perjury that the answers otaining money or property by fraud in connection rs, or both. | | | |
| | ott Michael Sands nature of Debtor 1 | Signature of Debtor 2 | | | | |
| Dat | December 5, 2016 | Date | | | | |
| Did ■ N | | ent of Financial Affairs for Individuals Filing | g for Bankruptcy (Official Form 107)? | | | |
| | | | | | | |
| ЦΥ | es. Name of Person Attach the Bankrup | ptcy Petition Preparer's Notice, Declaration, a | nd Signature (Official Form 119). | | | |

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| (Spouse if, filing) First Name Middle Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF | Last Name Last Name F ILLINOIS | | Check if this is an |
|---|----------------------------------|-------------|---------------------|
| United States Bankruptcy Court for the: NORTHERN DISTRICT O | | | Check if this is an |
| United States Bankruptcy Court for the: NORTHERN DISTRICT O | | | Check if this is an |
| Case number | F ILLINOIS | | Check if this is an |
| Case number(if known) | | | Check if this is an |
| (if known) | | | Check if this is an |
| | | | amended filing |
| Official Form 108 Statement of Intention for Individua | als Filing Unde | r Chapter 7 | 12/1 |

you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 | Scott Michael Sands | Case number (if known) | |
|-----------------------|---|---|--|
| prope | iption of rty | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ☐ Yes |
| Part 2: For any (| Ing debt: List Your Unexpired Personal Property Leaunexpired personal property lease that you list real estate lease | ases isted in Schedule G: Executory Contracts and Unexpire es. Unexpired leases are leases that are still in effect; the | d Leases (Official Form 106G), fill e lease period has not yet ended. |
| You may | assume an unexpired personal property leases | se if the trustee does not assume it. 11 U.S.C. § 365(p)(2 | y). Will the lease be assumed? |
| Describ | e your unexpired personal property leases | | will the lease be assumed: |
| Lessor's | name: ion of leased | | □ No |
| Property | | | ☐ Yes |
| Lessor's | | | □ No |
| Property | ion of leased : | | ☐ Yes |
| Lessor's | | | □ No |
| Descripti Property | ion of leased : | | ☐ Yes |
| Lessor's | | | □ No |
| Descripti Property | ion of leased : | | ☐ Yes |
| Lessor's | | | □ No |
| Property | ion of leased : | | ☐ Yes |
| Lessor's | | | □ No |
| Property | ion of leased : | | ☐ Yes |
| Lessor's | | | □ No |
| Property | ion of leased : | | ☐ Yes |
| Part 3: | Sign Below | | |
| | enalty of perjury, I declare that I have indicate that is subject to an unexpired lease. | ed my intention about any property of my estate that sec | cures a debt and any personal |
| | Scott Michael Sands | X | |
| Sco | ott Michael Sands nature of Debtor 1 | Signature of Debtor 2 | |
| Dat | December 5, 2016 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-38284 Doc 1 Filed 12/05/16 Entered 12/05/16 11:06:42 Desc Main Document Page 45 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In r | e Scott Michael Sar | nds | | Case N | 0. | |
|---|---|--|--|--------------------|------------------------|--------------------|
| | | | Debtor(s) | Chapte | 7 7 | |
| | DISC | LOSURE OF CO | OMPENSATION OF ATTOR | NEY FOR I | DEBTOR(S) | |
| 1. | compensation paid to m | ne within one year before | er. P. 2016(b), I certify that I am the attorne are the filing of the petition in bankruptcy, complation of or in connection with the bank | or agreed to be pa | aid to me, for service | |
| | For legal services, | I have agreed to accep | t | \$ | 1,165.00 | |
| | Prior to the filing of | of this statement I have | received | \$ | 1,165.00 | |
| | | | | | 0.00 | |
| 2. | \$335.00 of the fil | ling fee has been paid. | | | | |
| 3. | The source of the comp | pensation paid to me wa | as: | | | |
| | ■ Debtor | ☐ Other (specify): | | | | |
| 4. | The source of compensa | ation to be paid to me i | s: | | | |
| | ■ Debtor | ☐ Other (specify): | | | | |
| 5. I have not agreed to share the above-disclosed compensation with any other person unless the | | | | inless they are m | embers and associate | es of my law firm. |
| | | | compensation with a person or persons what of the names of the people sharing in the contract of the people sharing in the people sharing in the p | | | ny law firm. A |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| | b. Preparation and filin | ng of any petition, schedule debtor at the meeting | and rendering advice to the debtor in deter dules, statement of affairs and plan which a g of creditors and confirmation hearing, and | may be required; | - | oankruptcy; |
| 7. | By agreement with the | debtor(s), the above-dis | sclosed fee does not include the following | service: | | |
| | | | CERTIFICATION | | | |
| this | I certify that the foregoi bankruptcy proceeding. | ing is a complete staten | ment of any agreement or arrangement for I | payment to me for | or representation of t | he debtor(s) in |
| [| December 5, 2016 | | /s/ C. DEAN MATS/ | AS | | |
| _ | Date . | | C. DEAN MATSAS | | | |
| | | | Signature of Attorney | | -0 | |
| | | | C. DEAN MATSAS 5153 N. BROADWA | | :8 | |
| | | | CHICAGO, IL 6064 | | | |
| | | | 773-907-9600 Fax | : 773-907-9609 | | |
| | | | CDMATSAS@MAT | SASLAW.COM | 1 | |
| 1 | | | Name of law firm | | | |

Case 16-38284 Doc 1 Filed 12/05/16 Entered 12/05/16 11:06:42 Desc Main AGREEMIDOCUMORTBARAGRUD DC51SERVICES Page 1 of 3

This is a contract between the undersigned (Client) and C. Dean Matsas & Associates, P.C. (Law Office), a debt relief agency that helps people file for bankruptcy relief under the Bankruptcy Code. In this contract the client agrees to pay for these services in the following manner:

1. BASIC FEES

discharged, dismissed or withdrawn:

- a. preparation and filing of voluntary petition for Chapter 7 bankruptcy, with no amendments;
- b. attendance at the first creditors meeting at the location officially set by the Court;

- c. reasonable counsel and advice to the client concerning bankruptcy;
 d. informational services and reasonable negotiation with creditors included in the petition;
- e. provision of one copy of the petition and discharge notice, if applicable, to client.

The fee is based upon Client's representation that the number of creditors which will be listed on the petition are between __n/a__ and __n/a__ . The fee will not increase, so long as the number of creditors has not changed nor the basic nature of the Client's case or laws governing bankruptcy, prior to filing. Client has been informed that garnishments, lawsuits, wage assignments or other collection matters will proceed until such time that the petition is filed with the Court.

Client is responsible for the Court filing fee and cost of credit report. Any payments provided by the Client shall be applied to the attorney fee if representation terminates prior to filing.

Individuals filing for relief in bankruptcy are subject to an audit pursuant to the Bankruptcy Code. Such audits are generally random but in the event your file is selected for such an audit, there will be an additional fee due our office in the amount of \$300.00 to respond to such an audit.

2. RESPONSIBILITES OF DEBTOR (Client)

Client agrees to cooperate with the attorney in the preparation of Client's petition and provide complete, accurate and truthful information for each and every question, after reasonable inquiry. Client agrees to provide complete and accurate replacement value of each asset, after reasonable inquiry, to establish said value. Client agrees to keep Law Office informed of changes of address, phone number, etc. Client understands that failure to cooperate with Law Office or to provide prompt, truthful, accurate and complete information may result in the Law Office withdrawing from representation of Client.

Client authorizes Law Office to begin work on his/her petition, accept phone queries from creditors and perform related tasks and scheduling. Client acknowledges that in the event Client is unable or unwilling to file, files and later decides not to proceed, is barred from filing for any reason or Law Office withdraws for Client's failure to fully cooperate in a timely manner, Law Office legal fees for work done, to said date, will remain due.

Client acknowledges that he/she has been specifically instructed to continue making payments to those creditors such as autos and homes for which the Client wishes to retain the collateral or credit. Client acknowledges that he she has been further informed that the official discharge notice will arrive no sooner than sixty (60) days from the date of the Creditors' Meeting.

Client acknowledges that he/she has disclosed all prior bankruptev filings to Law Office and those filed within the last eight (8) years are indicated in writing on the bankruptcy petition.

Client acknowledges that he she has been specifically informed that all Debtors must bring a picture identification and original social security card (or another official document that contains the social security number) to the Creditors' Meeting. Client has been informed that if both these documents are not produced. the Trustee will refuse to proceed with the Meeting.

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Client acknowledges that Law Office is relying on Client's representations as to the existence of assets and debts, the secured or unsecured nature of these debts, as well as, answers to all other questions on the petition. Client understands that although multiple conversations with Law Office or staff of Law Office may have occurred prior to the actual preparation of the petition, only the answers appearing on the petition reflect the recollection of Law Office as to such conversations. In the event that this contract or the petition does not accurately reflect the Client's answers or if any representations of Law Office are not accurately reflected on this contract, it is important that the Client not sign these documents until corrections have been made. Client acknowledges that he/she has been given ample opportunity to examine the bankruptcy petition and has thoroughly reviewed all of the pages. Client finds the documents to be complete and truthful to the very best of his/her knowledge and represents that all information, including creditor information, that has been provided to the Law Office is contained in this petition. If any information was given to the Law Office either orally or in writing, Client represents that it is therefore contained in the petition.

Client acknowledges he/she is solely responsible for completing both the credit counseling course and the financial management course as required within time limits set forth in the Bankruptcy Code. Client understands that a Certificate of Completion of Credit Counseling must be obtained before the petition can be filed and that the Court will not issue a discharge in bankruptcy until the client completes the financial management course.

3. GENERAL

Client understands that Law Office will not investigate the possible existence of liens against the Client's property or person. The Client understands that if any such liens pre-date the filing of the bankruptcy petition, avoiding such a lien is unlikely and Law Office makes no representation that any such lien can be avoided. Client further understands that Law Office will not undertake any investigation to determine whether certain creditors are secured or unsecured but will instead rely upon representations from Client as to any such security interest. Client is informed that if a creditor is later determined to be secured, a reaffirmation or motion to redeem or avoid the debt will be necessary unless the security is surrendered.

Client understands that based on information provided to Law Office, certain creditors may allege nondischargeability of debt and understands possible consequences thereof. Client has been informed that debts predating previous filings, educational debts, willful or malicious injury, fines, penalties, alcohol/drug related injuries, tax related debts, fraud, false pretenses, false statements, debts in the nature of alimony/maintenance/support and unlisted or improperly listed creditors, are generally nondischargeable and Law Office makes no representations that any of those debts are dischargeable. Furthermore Client understands the possible consequences of such allegations that could include not only dismissal but also referral for criminal prosecution. Client further understands that attorney can make no representation as to effect of bankruptcy filing on the credit or credit reports of Client, spouse or any co-Debtors; Law Office has specifically informed client that in certain circumstances, notations may appear on the credit or credit report of spouses or co-Debtors. Law Office suggests that the Client undertake an examination of his/her credit reports soon after filing to determine if credit notations are correct. Credit reporting agencies often make errors and the Client alone is responsible for bringing such errors to the attention of the credit reporting agencies. Client also understands that filing of bankruntey may have immigration consequences and that if Client is not a United States citizen, he she is well advised to seek counsel of an immigration attorney prior to proceeding with the Chapter 7 Bankruptey filing.

Law Office will supply Client with copies of all substantive correspondence and documents concurring his/her matter. Client is advised to secure these documents for future reference. Client may obtain copies of his/her file at additional cost of requested. However, due to storage constraints. Law Office reserves the right to destroy files after seven (7) years and copies may thereafter no longer be available.

Client acknowledges that no guarantees or assurances have been made by Law Office concerning the disposition of the Chapter 7 petition for bankruptcy or concerning when, or if, future credit will be extended to the Client. Any and all comments by Law Office concerning such matters are expressions of opinion only.

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The following is a list of possible additional attorney fees that may occur during Client's case. If services are not specifically mentioned under "BASIC FEES" section of this contract, fees will apply. Although Law Office will do its best to inform Client which of these services are likely to occur, this information is only an estimation. This list is not exhaustive and other fees or charges, not listed, may apply.

Client understands that all creditors must be supplied to Law Office by the time that the petition is signed. Client may supplement this list with missing creditors for a short period of time after filing, at which time an additional \$150 attorney fee plus \$26 filing fee will then apply for the first amended creditor, with an additional fee of \$50 for each additional creditor presented for amendment, at the same time. In the event of a missing creditor, client should call Law Office immediately to determine if time for filing an amendment exists. Client agrees to diligently review his/her petition at the time of signing to make sure that all information is correct, complete and understood.

Client understands that only one (1) Creditors' Meeting date is set by the Court and his/her appearance is required. That in the event that Client is unable to attend said Meeting, the trustee may, in his/her discretion, grant additional continuances. In the event of such continuance, an additional \$195 attorney fee, per continuance, will be due to Law Office from Client.

Client understands that matters requiring additional court filings or court appearances, including but not limited to, motions to avoid, redeem, withdraw petition, appeals and any contested matters and adversary proceeding(s) are subject to additional fees.

In the event that additional fees do apply, estimated fees will be due prior to the work being performed by Law Office.

Client has read this Agreement in full and agrees with its terms and representations. Client acknowledges receipt of a copy of this contract, along with additional documents titled, "527(a)(1) disclosure", "527(a)(2) disclosure", "527(b) disclosure" and "statement of Information required by U.S.C. Sec. 341", all of which are attached hereto and made apart hereof this Agreement.

We are a debt relief agency. We help people file for relief under the Bankruptcy Code.

Client

Dated: 10/14/20

C. Dean Matsas & Ass@iates, P.C

By:

-An Attorne

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United States Bankruptcy Court Northern District of Illinois

| In re | Scott Michael Sands | | Case No. | |
|-------|---|---|------------------|---------------------------|
| | | Debtor(s) | Chapter | 7 |
| | VER | IFICATION OF CREDITOR M | IATRIX | |
| | | Number of | Creditors: | 16 |
| | The above-named Debtor(s) he (our) knowledge. | ereby verifies that the list of credi | tors is true and | correct to the best of my |
| Date: | December 5, 2016 | /s/ Scott Michael Sands Scott Michael Sands Signature of Debtor | | |

American Express POB 0001 Los Angeles, CA 90096

ATI Physical Therapy POB 371863 Pittsburgh, PA 15250

Avant Credit, Inc 640 N La Salle St Suite 535 Chicago, IL 60654

Bmo Harris - Cc Ts2 Po Box 2008 Milwaukee, WI 53201

Broadway Financial Services 3755 North Halsted Ave. Chicago, IL 60613

Byline Bank 3639 N Broadway Chicago, IL 60613

Capital One Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Chexsystems Attn: Consumers Relations 7805 Hudson Road, Ste. 100 Woodbury, MN 55125

Dawn Sands 1985 Calla Drive Joliet, IL 60435 OneMain 3172 N. Lincoln Ave. Chicago, IL 60657

Pave, Inc. 200 Varick St. Ste. 802 New York, NY 10014

Springleaf Financial Services 3172 N Lincoln Ave Chicago, IL 60657

Synchrony Bank/HH Gregg Po Box 965064 Orlando, FL 32896

Target C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440

Wffnb Retail Srvs/Mattress Firm Wffnb Card Services Po Box 51193 Las Vegas, NV 89193